National Healthcare Communication Programme

MODULE 4

Communicating with Colleagues at Discharge

Clinical Handover using ISBAR$_3$

Click link above to play video

Note on using this video

Read the background information to gain an understanding of the scenario context. On watching the video you may feel that while many of the skills are good, perhaps there are some that you might do differently. The communication skills sheet overleaf will support you in unpicking what leads to that evaluation. It can be useful to think in advance about particular skills you are going to see and/or hear or that you want to look out for.

So while playing the video, consider;

- What skills did you **see**? (verbal/nonverbal)
- What skills did you **hear**? (verbal/nonverbal) and the words/phrases used.

Supporting materials

Visit our webpage at *https://bit.ly/3NfroWU* for further supporting materials on good communication skills for communicating with colleagues at discharge.

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Background

John Kennedy is the consultant oncologist in the hospital and he is giving a clinical handover to Dr Pat Harrold, GP. The patient's name is Sean Hogan. He is 27 years old and lives with his partner Harry. Sean was admitted to hospital a week ago and is now ready for discharge.

Handover content

- Sean Hogan, DOB: 22/07/1994 in Room 24 under the care of Professor John Kennedy was admitted on Sunday.
- Complaining of chest pain and shortness of breath. Brought into the emergency department by ambulance.
- Past medical history, fractured collar bone after a fall a few years ago
- No medications, no allergies
- Investigations reveal an underlying malignancy (a non-seminomatous germ cell tumour) with lung and nodal metastasis.
- Currently on anti-coagulants, to be continued for several months.
- **Treatment:** 3 months of chemotherapy.

Skills

- In this interaction, John started by **introducing** himself to Pat by name and role (*"This is John Kennedy, consultant oncologist from the hospital")* and followed up checking who he was talking to *("Am I speaking to Dr. Harrold?"*).
- John then continued by giving Pat the patient's identification details (*"A man called Sean Hogan, from Birdhill..."*)
- Through the use of good communication skills for **building rapport, providing structure, signposting** and through the use of **ISBAR$_3$**, John builds a collaborative relationship with Pat.
- Pat uses good communication skills for gathering information **(remaining silent, using neutral phrases like, mm-mm)** at the beginning of the conversation, allowing John to go through the **Situation, Background, Assessment** and **Recommendation** sections of the structure before reading back the information to John to check for accuracy and close the communication loop.
- Because Pat is aware that John is using ISBAR$_3$, this allows him to anticipate that specific, relevant and critical information is going to be communicated… *"What kind of side-effects should we look out for?".*
- What is interesting to note in this video is that while John and Pat are using ISBAR$_3$, the handover is interactive, so Pat is not a passive recipient of handover information but **works collaboratively** with John to enhance the informational content of the handover.
- This is achieved through using a **common agreed structure** underpinned by good communication skills.

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ISBAR$_3$

Identification

John Kennedy, oncologist is handing over the Pat Harrold, GP. The patient's name is Sean Hogan, 27 years. DOB is 22.07.1994.

Situation

Sean was brought into hospital by emergency services a week ago complaining of severe chest pain and shortness of breath.

Background

Sean has no past medical history besides a fractured collar bone a few years ago, he is on no medications and has no allergies.

Assessment

Sean's chest pain and shortness of breath seemed to be an unprovoked PE, but it turned out to relate to an underlying malignancy, in this case a non-seminomatous germ cell tumour.

Recommendation, Read-back, Risk

Sean is on anticoagulants and we will be recommending he continue those for several months. The scans have confirmed lung and nodal metastasis. It is quite treatable and to start with, he'll be having three months of chemotherapy. He'll be in and out of the hospital in the coming months and will be off work.

We'll assess his response to treatment with a repeat scan after the 3 months of chemotherapy and see where we go from there.

Risks: Hair loss, mouth ulcers, loss of appetite, nausea, diarrhoea and vomiting, fatigue, infections, hearing loss, infertility to mention just a few. In the long run there is an increased risk of cardiovascular disease so keeping an eye on his BP, lipids, weight and so on will be important.